

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Mike Schneider Office (if applicable) STATE SENATE District (if applicable) 11  
 Mailing Address (include city and zip code) 6381 SANDPIPER WAY Telephone No. 876-5121

E-Mail Address \_\_\_\_\_

Select Appropriate Box(es)

☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL. PRY ☐ IND. EXP. ☐ NONPROFIT CORP.

☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

- ☒ Annual Filing - Due January 15, 2006  
 Period: January 1, 2005 - December 31, 2005
- ☐ Report #1 - Due August 5, 2006\*  
 Period: Jan. 1, 2006 - Aug 3, 2006
- ☐ Report #2 Due - October 31, 2006\*  
 Period: Aug. 4, 2006 - Oct. 28, 2006
- ☐ Report #3 Due - January 15, 2007\*\*  
 Period: Oct. 27, 2006 - Dec. 31, 2006
- ☐ Annual Filing - Due January 15, 2007  
 Period: January 1, 2006 - December 31, 2006

FOR OFFICE USE ONLY

\* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle  
 \*\* Third Report suffices for 2007 Annual Filing if candidates also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100  
 (See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less  
 (See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven  
 (See page 3 of instruction sheet)

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

3,500	3,500
0	
0	
0	

5. Total Amount of Monetary Contributions Received  
 (Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))  
 (See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

This Period

Cumulative From Beginning of Report Period #1 through End of This Reporting Period

3,500	3,500
2,000	2,000

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100  
 (See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less  
 (See page 3 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid  
 (Add Lines 8 and 9) (See page 3 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions  
 (Only reported on Report #3, Annual Report or 1st day of the second month after candidate defeat or incumbent does not run for reelection)  
 (See page 3 of instruction sheet)

16,500	16,500
30,000	30,000
46,500	46,500

has carried on books

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Mike Schneider

Date

1-17-06

EL201.dec

Revised: Sep-05

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## CAMPAIGN EXPENSES

Report Period # 1Name (print) Mike SchneiderOffice (if applicable) STATE SENATEDistrict (if applicable) 11

## Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

\*\* NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

## CAMPAIGN EXPENSES

Report Period # /

Mike Schneider

STATE SENATE

11

Name (print)

Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRB 204A.305	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Dominic P. Gentile, LTD. 3960 Howard Hughes Pkwy L.V. 69109 # 850	J	Legal Expenses for Court ordered on primary	\$15,000-
Hale, Lane 2300 W. Sahara L.V. 89102	J	Legal Expenses for suit	\$1,500-
Mike Schneider - 46381 Sandpiper Way	J	Legal Expenses for suit	\$30,000- (less carried over)

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## **IN KIND CONTRIBUTIONS AND EXPENSES REPORT**

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**IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.**

*In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.*

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

*Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.*

*Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.*







**IN KIND CAMPAIGN  
EXPENSES**

Report Period # 1

Name (print) Mike Schneider Office (if applicable) STATE SENATE District (if applicable) 11

**IN KIND**

Expenses in Excess of \$100

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State  
NRS 294A.120, 294A.121,  
294A.140, 294A.150, 294A.160  
294A.200, 294A.210, 294A.220, 294A.302